

CFO7633 Incoming
cc: Amanda
America West Resources
Wildcat Load Out
3266 South 125 West, Price, Utah 84501
Phone: (435) 636-0820 – Fax: (435) 636-0817

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RECEIVED

FEB 15 2013

DIV. OF OIL, GAS & MINING

February 11, 2013

Mr. Daron Haddock
Utah Coal Program
Utah Division of Oil, Gas and Mining
1594 West North Temple – Suite 1210
Box 145801
Salt Lake City, UT 84114-5801

Dear Daron:

America West Resources respectfully submits the January 2013 – Discharge Monitoring Reports (DMRs) associated with the Wildcat Load Out UPDES Permit UTG040007.

If you have any questions, please feel free to call me at 435-636-0820.

Sincerely,



Kit Pappas
Engineering/Environmental

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME IPA AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

PERMIT NUMBER
001
DISCHARGE NUMBER

FACILITY LOCATION Wildcat Loadout

MONITORING PERIOD
YEAR MONTH DAY
FROM 13 01 01
TO 13 01 31

Check here if No Discharge
 NOTE: Read Instructions before completing this form

PARAMETER	QUALITY OR LOADING			QUALITY OF CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE						
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM UNITS									
Flow Rate 00056 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY MAX	(93) GPD	*****	*****	*****	*****	*****							
pH 00400 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1/31	MEASRD						
Solids, Total Suspended 00530 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1/31	GRAB						
Oil & Grease 03582 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1/31	GRAB						
Iron, Total (as Fe) 01045 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1/31	GRAB						
Solids, Total Dissolved 70295 1 00 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1/31	GRAB						
No Discharge															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV. MGR. TYPED OR PRINTED							TELEPHONE	DATE							
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)															
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS, INCLUDING U.S.C. § 101 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and maximum imprisonment of between 6 months and 5 years.)															
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT															
435 636-0820 13 02 11 AREA NUMBER YEAR MO DAY															

FACILITY LOCATION	Wildcat Loadout		
	ADDRESS	3266 S. 125 WEST PRICE, UTAH 84501	
DISCHARGE NUMBER	002		
	UTG040007		
PERMIT NUMBER			
MONITORING PERIOD			
FROM	YEAR	MO	DAY
	13	01	01
	YEAR	MO	DAY
TO	13	01	31

Wildcat Loadout

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow Rate 00056 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(03)	GPD	*****	*****	*****	*****	*****	*****	
pH 00400 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	MEASRD
Solids, Total Suspended 00530 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Oil & Grease 03582 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Iron, Total (as Fe) 01045 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	GRAB
Solids, Total Dissolved 70251 1 0 0 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	(26)	*****	*****	*****	*****	*****	*****	GRAB
NO SOLIDS										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER KIT PAPPAS/ENV.MGR.										
TYPED OR PRINTED <i>Kit Pappas</i>										
DATE TELEPHONE										
435 636-0820 AREA NUMBER CODE										
13 02 11 YEAR MONTH DAY										
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INDUCTION OF THE PERSONS OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION SUBMITTED. TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS U.S.C. § 1001 AND 49 U.S.C. § 1319 (Penalties under these statutes apply to violations of this permit).										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kit Pappas</i>										

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
NAME IPA AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

PERMIT NUMBER 003
DISCHARGE NUMBER

FACILITY LOCATION Wildcat Loadout

MONITORING PERIOD
YEAR FROM 13 01 01 TO 13 01 31

Check here if No Discharge
NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. FREQUENCY OF EX ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
Flow Rate	SAMPLE			*****	*****	*****	*****	
00056 1 00 Effluent Gross Value	MEASUREMENT	(03)	GPD	*****	*****	*****	*****	
pH	SAMPLE	DAILY AVG	DAILY MAX	*****	*****	*****	*****	MEASRD
00400 1 00 Effluent Gross Value	MEASUREMENT	*****	*****	*****	*****	*****	*****	
Solids, Total Suspended 00530 1 00 Effluent Gross Value	SAMPLE	DAILY AVG	DAILY MAX	*****	*****	*****	*****	GRAB
Oil & Grease 03582 1 00 Effluent Gross Value	SAMPLE	DAILY AVG	DAILY MAX	*****	*****	*****	*****	GRAB
Iron, Total (as Fe) 01045 1 00 Effluent Gross Value	SAMPLE	DAILY AVG	DAILY MAX	*****	*****	*****	*****	GRAB
Solids, Total Dissolved 70295 1 00 Effluent Gross Value	SAMPLE	DAILY AVG	DAILY MAX	*****	*****	*****	*****	GRAB
No Discharge								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these laws are set forth in the attached document).							
KIT PAPPAS/ENV.MGR.	<i>Kit A. Pappas</i> SIGNATURE OF PRINCIPAL EXECUTIVE							
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT							
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TELEPHONE DATE							
	435	636-0820	13	02	11			
	AREA NUMBER	YEAR	MO	DAY				

Form approved.
OMB No. 2040-00004

UTG040007		PERMIT NUMBER		MONITORING PERIOD			
				YEAR	MO	DAY	YEAR
				13	01	01	13
						To	01
							31

Wildcat Loadout

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

Wildcat Loadout

NOTE: Read Instructions before completion this form

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME IPA AWR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form approved.
OMB No. 2040-0004

ADDRESS 3266 S. 125 WEST
PRICE, UTAH 84501

PERMIT NUMBER
006
DISCHARGE NUMBER

FACILITY Wildcat Loadout
LOCATION

MONITORING PERIOD
FROM 13 01 TO 13 01
YEAR MO DAY YEAR MO DAY

Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow Rate 00056100 Effluent Gross Value	SAMPLE MEASUREMENT	(03)	GPD	*****	*****	*****	*****	*****	
pH 00400100 Effluent Gross Value	PERMIT REQUIREMENT	DAILY MAX	DAILY MIN	*****	*****	*****	*****	*****	1/31 MEASRD
Solids, Total Suspended 00530100 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/31 GRAB
Oil & Grease 03582100 Effluent Gross Value	PERMIT REQUIREMENT	DAILY MAX	DAILY MIN	*****	*****	*****	*****	*****	1/31 GRAB
Iron, Total (as Fe) 01045100 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1/31 GRAB
Solids, Total Dissolved 7C2C5100 Effluent Gross Value	PERMIT REQUIREMENT	DAILY MAX	DAILY MAX	*****	*****	*****	*****	*****	1/31 GRAB
No Discharge									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I, the undersigned, certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted, based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information. I further certify that the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. U.S.C. § 1519. (Penalties under these laws do not apply to discharges from small point sources as defined in 40 CFR 122.26(d)(1)).						TELEPHONE	DATE	
KIT PAPPAS/ENV.MGR.							435 636-0820	13 02 11	
TYED OR PRINTED							AREA CODE	NUMBER	YEAR
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									